SUMMARY OF THE TRANSITION COMMITTEE MEETING NOVEMBER 2, 2000

The Transition Committee of the National Environmental Laboratory Accreditation Conference (NELAC) met on Thursday, November 2, 2000, at 9:00 a.m. Pacific Standard Time (PST) as part of the Sixth NELAC Interim Meeting in Las Vegas, NV. The meeting was led by its chair, Ms. Silky Labie of the Florida Department of Environmental Protection. A list of action items is given in Attachment A. A list of participants is given in Attachment B. *The purpose of the meeting was to discuss the issues contained on the committee's published agenda and to give attendees an opportunity to provide input.*

INTRODUCTION

Ms. Labie welcomed attendees and introduced the committee. She informed attendees that this is the first meeting of the Transition Committee since the Sixth NELAC Annual Meeting (NELAC 6) in Williamsburg, VA. Ms. Labie asked for input on the previous meeting's minutes, and approved the minutes with one editorial correction. She then provided an overview of the agenda for the meeting, and reviewed the ground rules for attendee participation.

NEW ISSUES

Ms. Labie asked if there were any new issues to discuss. Mr. Jack Hall, representing the On-site Assessment Committee, brought up the issue (previously discussed in the On-site Assessment Committee's meeting) of inconsistencies regarding enforcement of NELAC policies, especially with regard to laboratory on-site assessments. He expressed a need to take appropriate steps to ensure consistency and uniformity between accrediting authorities and laboratory assessors.

He outlined the following recommendations to be given to the NELAC Board of Directors and suggested that this committee could play an active role in this process:

1. Allow time at the interim and annual meetings to gather information from the participants on the subject.
2. Request that the accrediting authorities reiterate with their assessors the need to be consistent with the NELAC Standard and recognize that they are mandatory for the laboratories and for the accrediting authorities and assessors as well.
3. Decide whether it is applicable to have a uniform standard operating procedure (SOP) covering the assessment process adopted by NELAC and prepared by the accrediting authorities working with the On-site Assessment Committee.
4. Develop and implement a process for monitoring the assessments in the future.

The committee responded that they were also very concerned with this issue, and asked if the On-site Assessment Committee had any plans to deal with this issue. Mr. Bill Ingersoll, chair of the On-site

Assessment Committee, indicated that the committee is working on guidelines for an assessor's SOP manual, but that primary responsibility for laboratory assessor oversight lies with the Accrediting Authorities, and that development of a SOP should not come from the On-site Assessment Committee. Mr. Ingersoll and Transition Committee members suggested that this is primarily an Accrediting Authority Committee policy issue.

Mr. John Anderson, chair of the Accrediting Authority Committee, stated that his committee is working on a plan for evaluation of the accrediting authorities, including oversight of their laboratory assessment process. He welcomed input on the development of this guidance. A participant suggested that many of the problems originate in differing interpretations by accrediting authorities of the NELAC Standard, and that the Transition Committee might serve as a resource for the accrediting authorities in the interpretation of the NELAC Standard. Laboratories may be reluctant to send feedback to their accrediting authority, and that an impartial third party might be more appropriate.

Dr. Ken Jackson and Mr. Wilson Hershey indicated that there is a need for feedback from the laboratories following their on-site assessments so that the National Environmental Laboratory Accreditation Program (NELAP) has a formal, safe mechanism for communication from the laboratories to their accrediting authority. Another participant suggested the possibility of an anonymous survey of laboratories who had received their on-site assessment, to be sent to the Transition Committee, who would then pass the information on to the appropriate committees and accrediting authorities. Mr. Anderson indicated that the production of a survey was already an action item of the Accrediting Authority Committee. It was suggested by a participant that the list being compiled by Ms. Marlene Moore of laboratory deficiencies noted during assessment may be useful in evaluating this situation. It was also asserted that confidentiality of information transfer is more appropriate than anonymity.

Mr. Hall suggested a review process within NELAP for on-site assessment reports, possibly using the Accrediting Authority Review Board (AARB). One attendee representing a state environmental protection program stated that laboratory feedback following an audit is standard procedure in his state. Another attendee pointed out that feedback from laboratories will be voluminous considering the number of laboratories, and that NELAP needs to carefully consider the appropriate agency to whom to delegate this task. Mr. Anderson suggested that the Accrediting Authority Committee collaborate with the On-site Assessment Committee to develop a quality management plan for ensuring uniformity of interpretation of the NELAC Standard by accrediting authorities and laboratory assessors. Dr. Jackson cautioned against the use of a reactive approach rather than a proactive approach, and supports the idea of a laboratory survey, and working with the accrediting authorities in ensuring their use of an SOP in their assessments, their evaluation of their assessors, and comprehensive oversight of their assessment system.

It was suggested that NELAC sponsor an assessor forum at the beginning or end of a future NELAC meeting to provide an opportunity for refresher training, sharing of problems and concerns, and resolution of issues. Mr. Hall stated that this concept has been discussed in the On-site Assessment Committee, and is supported by them. One attendee suggested the use of conference calls to accomplish this purpose, because of the problems with the cost of assessor travel.

Another attendee stated that many laboratories are coming up for renewal soon, and that this might be an effective time to deal with these issues.

Ms. Labie then asked for other new issues that the Transition Committee should consider.

Discussion turned to the topic of assessment and accreditation of mobile laboratories, but Mr. Jack Wyeth of the Accreditation Process Committee stated that the issue is still being discussed by their committee and by the Field Activities Committee, and is not yet ready to be passed on to the Transition Committee.

A participant expressed concern over "non-detected" results from laboratories on proficiency tests (PT) samples, and stated that laboratories are being penalized for their results and having their accreditation revoked.

Dr. Irene Ronning suggested contacting the Membership and Outreach Committee before considering any web proposals, because some proposals may not be possible.

REPORT FROM ACCREDITING AUTHORITY WORKGROUP

Ms. Labie asked for a report from Dr. Jackson representing the Accrediting Authority Workgroup. Dr. Jackson listed several recommendations and issues of concern to the Accrediting Authority Workgroup:

1. The timing of the announcement of primary and secondary accreditations was addressed and it was agreed to recommend to the Board of Directors that all primary accreditations should be announced concurrently in January 2001, and then secondary accreditations should be announced as they are processed (i.e., not concurrently).
2. Following a discussion concerning proficiency testing and laboratory accreditation, an agreement was reached amongst the accrediting authorities that they should move forward with the proposal to drop "program" from the fields of testing criteria to unify the NELAC chapters' definition of field of testing with Matrix/Method/Analyte. The group sent the recommendation to the Program Policy and Structure Committee.
3. It was agreed within the group that a laboratory may use a single method SOP for a group of equivalent methods as long as the relevant program requirements are met or exceeded, and that a good definition of equivalent methods is being developed.
4. The group discussed the problem of accrediting authorities accrediting their own branch laboratories. The group agreed that each U.S. Environmental Protection Agency (EPA) regional office should be doing this.
5. A concern of the group was raised over the issue that there are no PT samples available in the analysis range of medium level volatiles in soil using methanol extraction. The issue was sent to the PT Committee for clarification.

6. The group agreed that none of the accrediting authorities will have trouble recognizing interim accreditation from another accrediting authority.

7. They also agreed that "quick response" PT samples would not be accepted as they currently exist.

8. The group agreed that the assessors should look at internal audits to determine if corrective actions have been implemented. When a problem is found that is in the process of corrective action or has completed corrective action should not be considered a finding for suspension or revocation. Section 5.5.3.1 on internal audits may need a slight revision to clarify this position.

9. The group discussed an issue on section 5.13 (f) about how laboratories can ensure the confidentiality of their on-site assessment reports. The problem is in the wording of the standard placing the onus on the laboratory to ensure confidentiality of things mostly out of their control. The group recommended language to the Quality Systems (Chapter 5) committee.

10. A poll of the state programs found the five non-NELAC states have agreed to recognize NELAP-accredited laboratories. The states are Georgia, Maine, Vermont, Washington, and West Virginia.

11. The group discussed the issue of how to deal with multiple proficiency testing results by different methods for the same analyte. No consensus was reached on how to address this issue. The request for clarification went to the PT Committee.

12. The deletion of unapproved (obsolete) methods from each accrediting authority's fields of testing was raised. Two key issues need to be addressed. Are accrediting authorities to list only methods to be used for regulatory compliance? Will the listing of unapproved methods affect reciprocity amongst accrediting authorities? The group agreed that unapproved or obsolete methods may be included in an accrediting authority's field of testing because of project or permit specific requirements. However, the accrediting authorities are encouraged to clean up their fields of testing. Methods approved for national regulatory compliance should be clearly identified if non-approved methods are also included in their fields of testing.

13. The Office of Air and Radiation (OAR) discussed the feasibility of accrediting authorities waiving fees for the secondary accreditation of mobile facilities performing stack testing. There was an overall impression that the accrediting authorities were not completely receptive to the idea of a fee exemption for stack testing facilities but the accrediting authorities are willing to listen to further discussion concerning this matter. It was recommended that OAR contact the state accrediting authorities individually to get the specifics of their fee structures for primary and secondary accreditation.

14. The group recommended a revision of the "policy on effective date of implementation of NELAC Standards" to the Board of Directors. The purpose of this policy is to describe a process for determining when a new or modified standard becomes effective once finalized in the NELAC voting session. As the NELAC standard is revised or expanded, accredited laboratories and accrediting authorities must modify their operations to conform to the new standard. In order to promote nation-wide consistency in application of the standard and to minimize confusion, the following procedures are needed:

a. Normally, new or modified standards will become effective two years after adoption by the conference.

b. If necessary for implementation of the standard, accrediting authorities will be required to adopt new legislation or regulation within this two-year time period, as specified in section 6.5 (e) of the Accrediting Authority chapter.

c. A standing committee, in proposing a new or modified standard, may also propose an effective date that is less than two years. In such cases, the proposed effective date will be appended to the new or amended standard, and will be voted on by the conference, together with the standard. This option may only be exercised if all accrediting authorities can implement the new or modified standard by the effective date. This policy would be in effect until such time as this language is adopted into the NELAC Standard.

d. Finally, a state has the option of implementing revisions sooner than the effective date. The revised standard would apply only to in-state laboratories that did not have clients outside the state.

Mr. Jackson then discussed the problems associated with implementation dates as they relate to the publication dates of the NELAC Standard. The intent is to ensure that all parties involved interpret the implementation policies in the same way using the current version of the NELAC Standard.

An attendee asked for further explanation of the process for granting accreditation to secondary accrediting authorities. Ms. Jeanne Hankins, NELAP Director, stated that she is working with the Accrediting Authority Committee to provide recommendations on this issue.

Another issue raised was the citing of laboratory deficiencies based on old standards that have since been revised and adopted. Mr. Jackson indicated that the issue is also of concern to this committee, and that the implementation dates of the standard and their effect on ongoing accrediting authority's accreditation and laboratory accreditation programs needs to be fully considered. The committee agreed to work on this issue further.

STATUS OF NELAC

The status of NELAC organizational issues is still a work in progress, and the committee will report on this in the future.

ADJOURNMENT

The meeting was adjourned at 11:30 a.m.

Attachment A

ACTION ITEMS
TRANSITION COMMITTEE MEETING
NOVEMBER 2, 2000

Item No.	Action	Date to be Completed
1.	Determine courses of actions to ensure uniformity. Find out restrictions on use of NELAC Website. Work with On-site Assessment, Accrediting Authority, and Membership and Outreach Committees.	Ongoing
2.	Resolve accrediting authority application requirements. Determine if additional input is needed for announcement of first group of secondary laboratories.	December 2000
3.	Monitor progress in identifying secondary accrediting authority.	January 2001
4.	Review proposed implementation policy.	March 2001
5.	Monitor progress on NELAP reorganization.	Ongoing

Attachment B

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TRANSITION COMMITTEE MEETING
NOVEMBER 2, 2000

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